



Maryland
Hospital Association

January 14, 2021

Eileen Fleck
Chief, Acute Care Policy and Planning
Maryland Health Care Commission
4160 Patterson Ave
Baltimore, MD 21215

Dear Ms. Fleck:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on the State Health Plan for Facilities and Services: Acute Psychiatric Hospital Services, COMAR 10.24.07.

The hospital field recognizes the time and attention the Maryland Health Care Commission (MHCC) staff devoted to updating this chapter, which has remained largely the same for almost 30 years. We commend the MHCC for bringing together a clinical advisory group, requested by MHA, to understand the changing clinical needs of patients experiencing psychiatric crisis or needing specialized psychiatric care. The issues and policies outlined in the chapter are important guiding principles needed to improve our system of care for behavioral health patients. That includes timely admission to acute psychiatric services and better geographic access to care.

The chapter seeks to improve access for historically underserved populations. Hospitals look forward to discussing need determination for these patients every two years. However, it is important for the Commission to consider the implications of requiring an applicant to serve at least one of these populations without considering the specialized staff and care needed to treat them. Specialized programs in every hospital may not be efficient or effective, and it could be more realistic to ensure regional access. The Commission should create incentives to serve these populations through the Certificate of Need program, to the extent practicable, or use MHCC's position as a leading health policy agency to encourage payment policies that make it financially feasible.

The proposed update expects that new entrants into the market, who seek to serve psychiatric patients, accept both voluntary and involuntary admissions. The hospital field agrees to this approach. Hospitals were not able to achieve consensus regarding existing facilities being subject to the requirement to serve involuntary patients should they need to seek a CON. As with the strategy to expand availability of services for historically underserved populations, the commission should consider incentives to accept involuntary patients. We ask that MHCC consider additional input from hospitals that do not accept involuntary patients.

Lastly, MHA requests the commission reconsider the designation of the health planning regions outlined in the chapter. Clinical experts have indicated that it is harder for older adults and children to travel a significant distance for psychiatric services. There are fewer resources in the community for these age groups, and when they are hospitalized in acute settings outside of the regions where they reside, it is hard to connect them to local resources following discharge. Combining the upper Eastern Shore and Baltimore regions may artificially inflate the number of available beds for Shore residents. Further, the commission should consider whether a capital region designation, consisting of Prince George's and Montgomery counties would better reflect patient care seeking patterns than what is currently outlined in the chapter.

We thank you again for your hard work and the opportunity to comment on this important State Health Plan chapter update.

Sincerely,

Erin Dorrien
Director, Government Affairs & Policy